


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90067 045 ****50.00

DOCUMENT # L05000086095	
1. Entity Name JCP LLC	

Principal Place of Business 1015 PERSIAN STREET DELTONA FL 32725	Mailing Address 1015 PERSIAN STREET DELTONA FL 32725
--	--



2. Principal Place of Business <u>1015 PERSIAN ST.</u> Suite, Apt. #, etc.	3. Mailing Address <u>1015 PERSIAN ST.</u> Suite, Apt. #, etc.
--	--

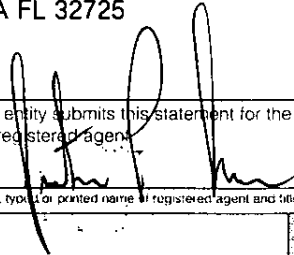
1st MOORE CR2E083 (10/05)

City & State <u>DELTONA FLA.</u>	City & State <u>DELTONA, FLA</u>
Zip <u>32725</u>	Zip <u>32725</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>270-74-2629</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OWEN, JUSTIN 1015 PERSIAN STREET DELTONA FL 32725	
--	--

7. Name and Address of New Registered Agent	
Name <u>JUSTIN P. OWEN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1015 PERSIAN ST.</u>	
City <u>DELTONA</u>	FL Zip Code <u>32725</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <u>4-14-06</u>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

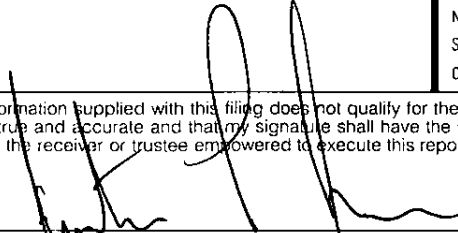
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - OWNER OWEN, JUSTIN 1015 PERSIAN STREET DELTONA FL 32725 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE <u>4-14-06</u>	Daytime Phone # <u>407-430-5190</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		